

Name
in
Full

Emory E Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Oct-</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta Taylor</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information <i>J. E. Wain</i>					How related to deceased <i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*apoplexy**(64)*

How long

Immediate

2nd attack

How long

Are the name, age, sex, color, date and place correctly given above?

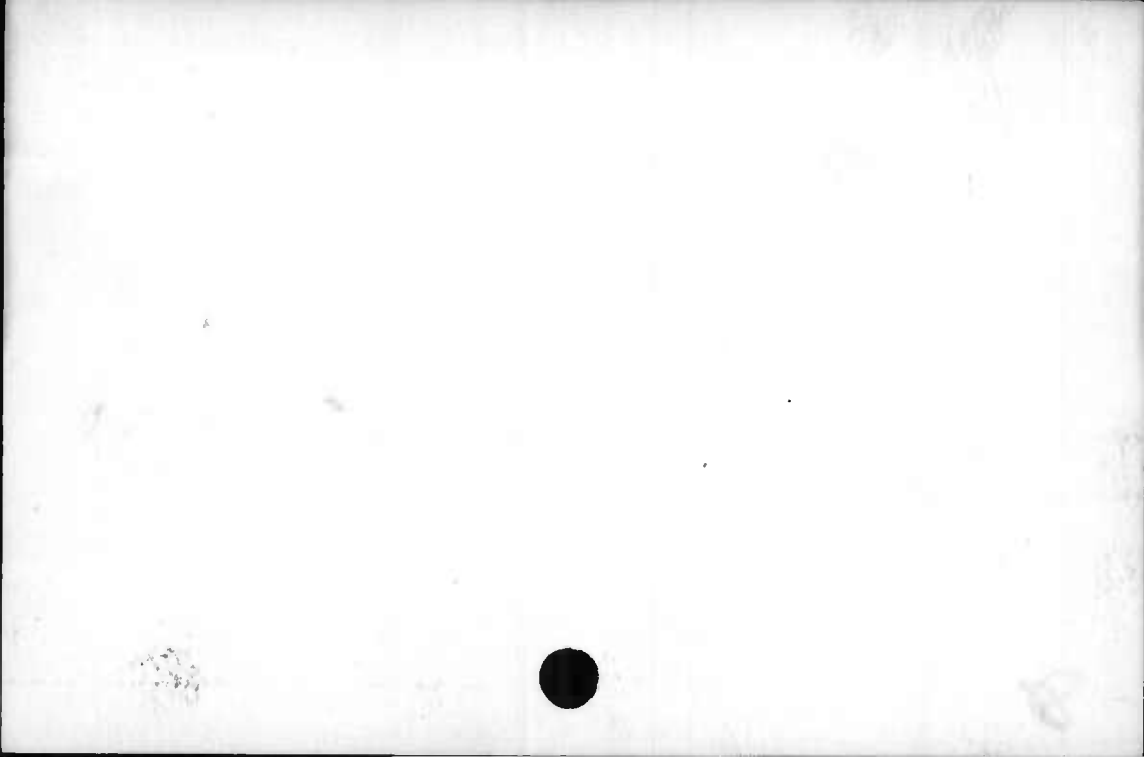
Signature of Physician

Edwin J. Dirickson

Address

Berlin Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

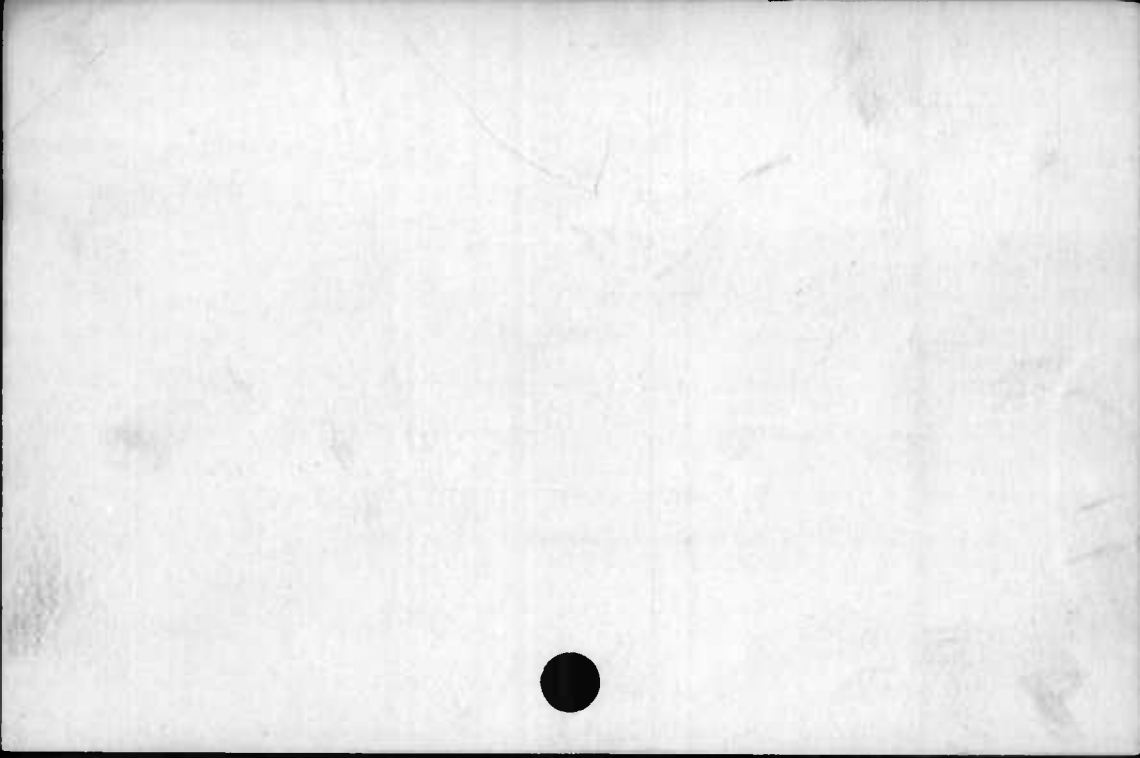
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smiths Chapel</i>		Town <i>Smiths Chapel</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>190</i>		Month <i>1st</i>		Day <i>22</i>		Years <i>60</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Woman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Cortin</i>					
Father's Name <i>Ethel Adkison</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Comfort Adkison</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Robert Cortin</i>		How related to deceased <i>Grand son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of liver & nephritis</i>	How long <i>12 months</i>
Immediate <i>Heart failure</i>	How long <i>4 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Elwood Dennis

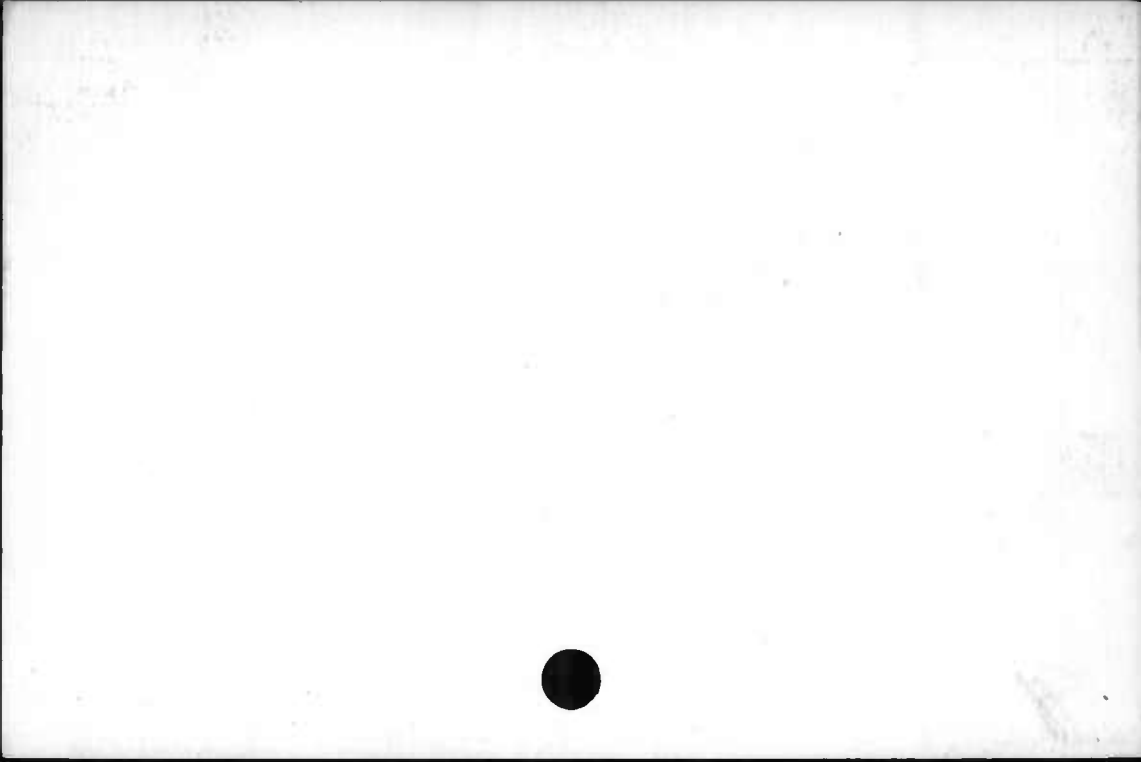
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parkhurstown		County Worcester		MARYLAND		
Date of death		1906	Month Oct-	Day 22	Age —	Years —	Months 5	Days —
Sex	Male		Color or Race	White		Birth-place	Md	
Occupation	none			Where Residing if not at place of death —				
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	John E. Dennis					Father's Birthplace	Md	
Mother's Maiden Name	Miss Smith					Mother's Birthplace	"	
Name of person giving information	John Hadler					How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Not known		How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Had none	
			Address	Edwin J. Dirickson Berlin Md	
Accident or Suicide?					



Name
In
Full

CERTIFICATE OF DEATH

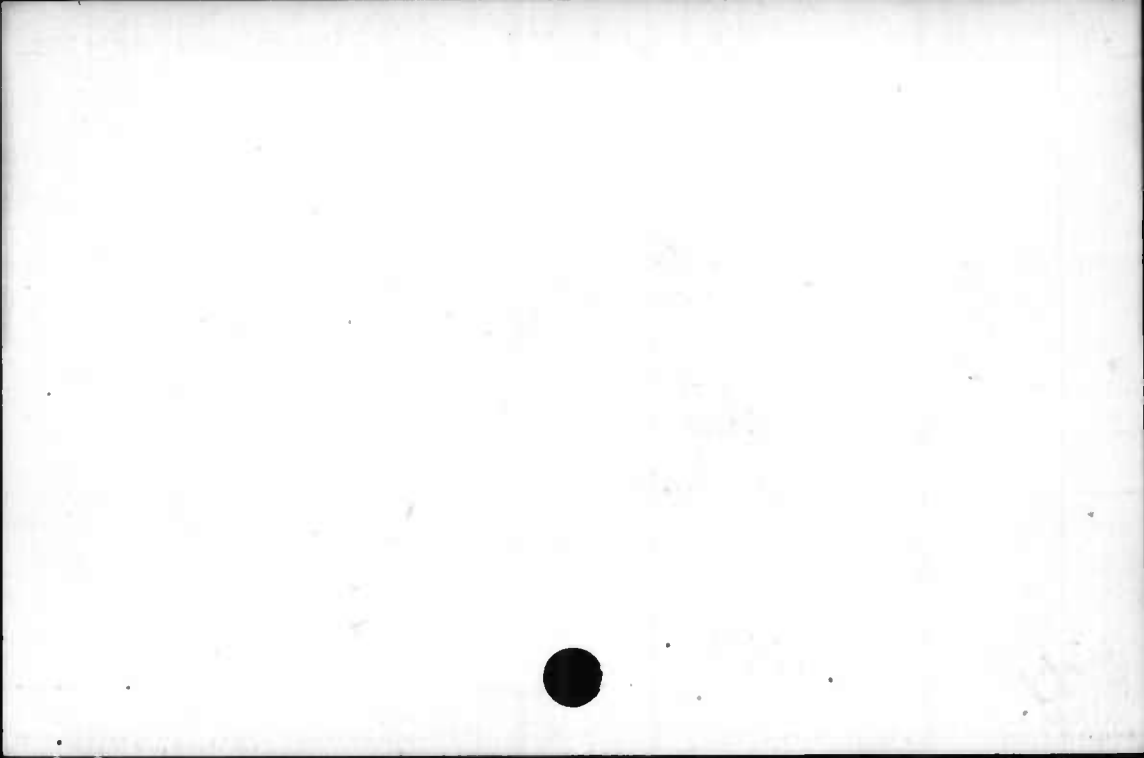
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		190	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Sud
Occupation		Merchant		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Miss Bratton			
Father's Name		Stephen Grey		Father's Birthplace		Sud			
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		J. E. Wise		How related to deceased					

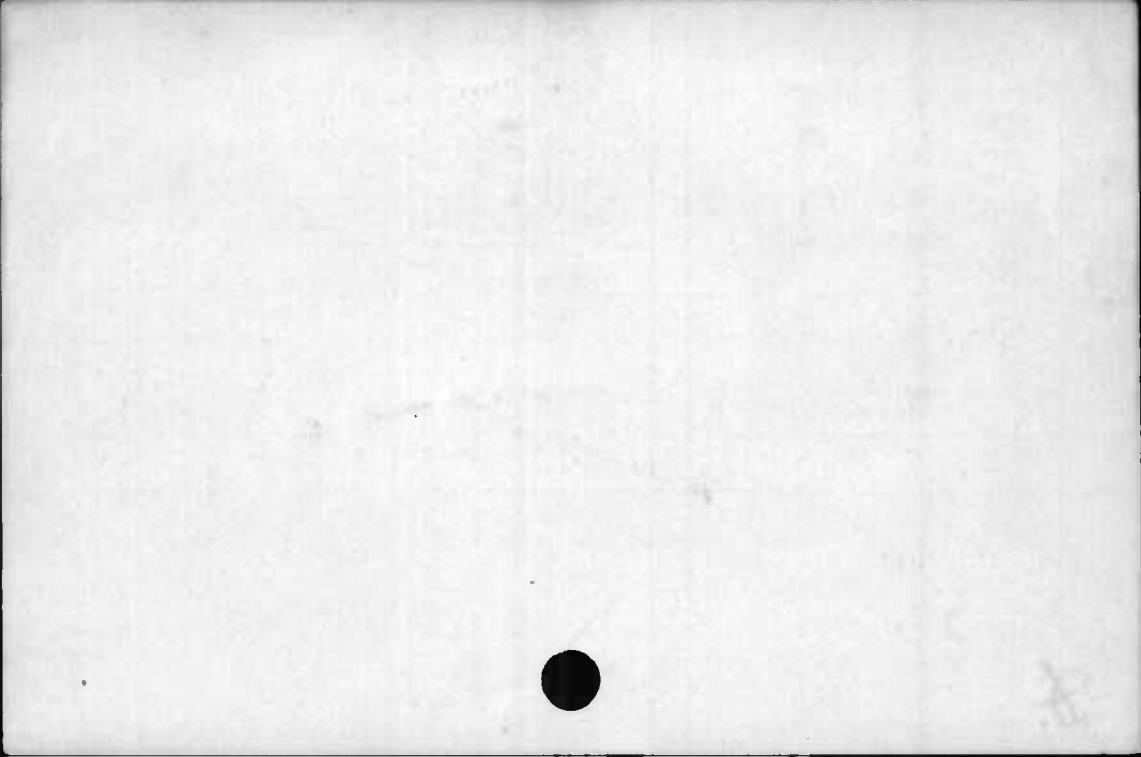
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intercutaneous	How long	2 1/2 yrs
Immediate	collapse	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	



Name in Full		JAYNES GRIPPIN				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Newark		County		MARYLAND		
	Date of death	1904	Month	Oct	Day	23	Years	40
	Sex	Male		Color or Race	White		Birthplace	Maryland
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed				Name of Wife or Husband			
	Father's Name	William Griffin			Father's Birthplace			
	Mother's Maiden Name	Mary Webb			Mother's Birthplace			
PHYSICIAN OR CORONER	Name of person giving information	Holland Smach			How related to deceased			
	CAUSES OF DEATH							
	Primary				How long			
	Immediate	Accident Rail Road			How long			
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
	No ill attendance			Address				
	Accident or Suicide?			L. J. Evans undertaker				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1906	Month	10	Day	29
		Years	81	Months	6
Sex	Male	Color or Race	Caucasian	Birth-place	Md.
Occupation	Merchant		Where Residing if not at place of death -		
Married, Single or Widowed	Single		Name of Wife or Husband Susan Hall		
Father's Name	Benjamin Hall			Father's Birthplace	Md.
Mother's Maiden Name	Ambia Jones			Mother's Birthplace	Md.
Name of person giving information	Dr Hall			How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	Some years
Immediate	Uraemic Coma	How long	several days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. N. Willis		
	Address		
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nea Paramoche</i>		Town <i>No Name</i>		County <i>Hill</i>		MAYLAND	
Date of death	<i>1906</i>	Month <i>10</i>	Day <i>20</i>	Age <i>r</i>	Years <i>r</i>	Months <i>r</i>	Days <i>6</i>
Sex <i>female</i>	Color or Race <i>white</i>			Birth-place <i>Md.</i>			
Occupation <i>r</i>	Where Residing if not at place of death <i>r</i>						
Married, Single or Widowed <i>r</i>	Name of Wife or Husband <i>r</i>						
Father's Name <i>Chas. H. Hill</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Lucretia N. Cutler</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>Chas. H. Hill</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	<i>179</i>	How long <i>Since birth</i>
Immediate <i>Coffination</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>	Address <i>Paramoche City</i>
Accident or Suicide? <i>r</i>		



Name
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Isaac Harrison Murk

CERTIFICATE OF DEATH

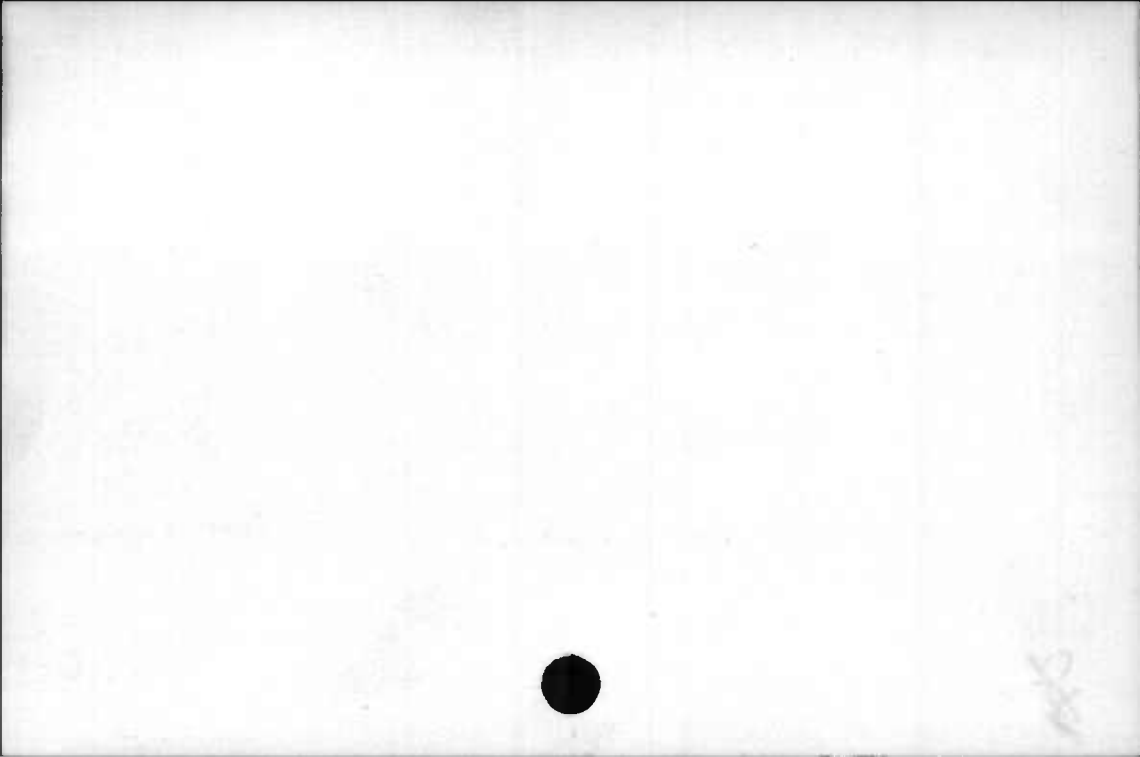
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Oct</i>	Day <i>21</i>	Years <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Worcester Co</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Pocomoke city Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie B Brinson</i>				
Father's Name <i>Levin Merrice</i>	Father's Birthplace <i>Worcester Co</i>				
Mother's Maiden Name <i>Julia Barrett</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>H P Merrice</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of Brain</i>	How long <i>some months</i>
Immediate <i>Paralysis & Exhaustion</i>	How long <i>a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Linn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



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CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at		Town <i>Berlin</i>		County <i>Norcuter</i>		MARYLAND	
Date of death		Month <i>10</i>	Day <i>29</i>	Years <i>58</i>	Months <i>X</i>	Days <i>X</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Alabama</i>				
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Berlin Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fenriella</i>					
Father's Name <i>Lemuel P Mitchell</i>		Father's Birthplace <i>Berlin Md</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Edwin J Drickson</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sarcoma of Liver</i>	How long <i>two years</i>
Immediate <i>Gradual</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E Drickson M D</i>
	Address <i>Berlin Maryland</i>
Accident or Suicide? <i>X</i>	



Name
In Full

CERTIFICATE OF DEATH

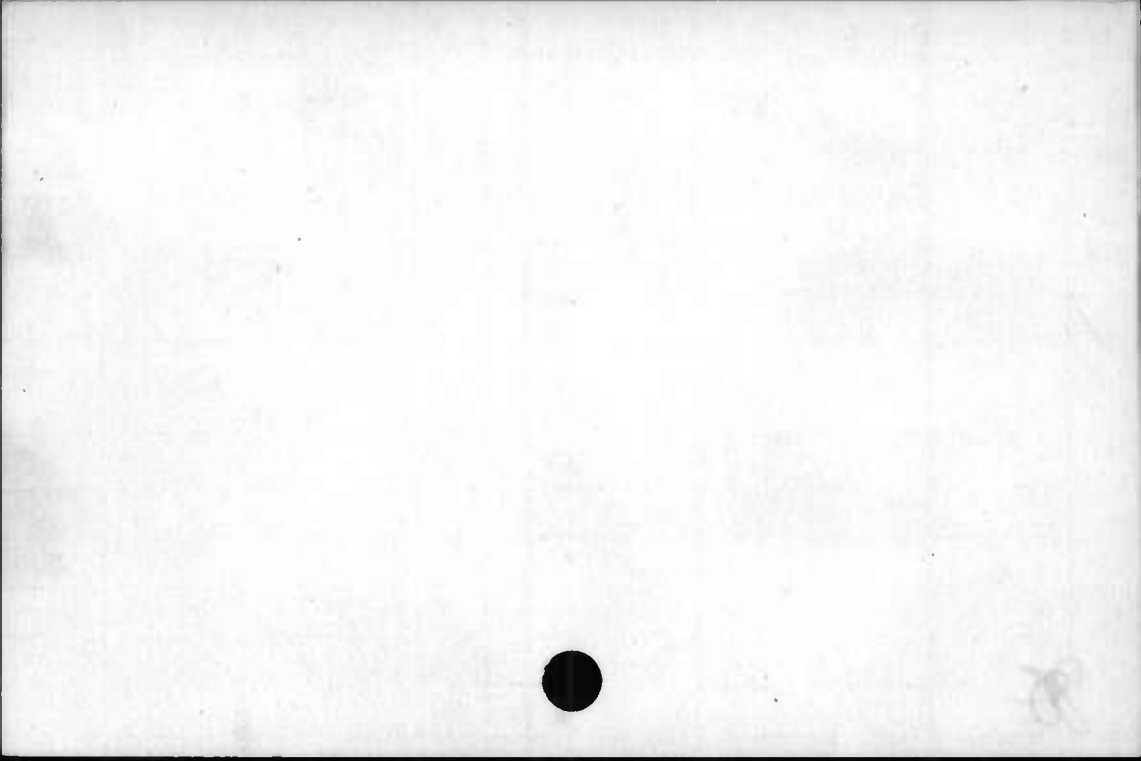
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wij Grange</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1906	Month <i>Oct.</i>	Day <i>9</i>	Age <i>34</i>	Years <i>34</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Worcester Co. Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Wij Grange Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Berneda Pruitt</i>				
Father's Name <i>John M. Pruitt</i>	Father's Birthplace <i>Worcester Co. Md</i>				
Mother's Maiden Name <i>Barche B. Bivens</i>	Mother's Birthplace <i>Worcester Co. Md</i>				
Name of person giving information <i>Robert S. Silghman</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos A. Collins</i>
	Address <i>Wij Grange Md</i>
Accident or Suicide?	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Howells</i> Town <i>Worcester</i> County		MARYLAND	
Date of death	1906	Month	Oct -
	Day	29	Age
	Years	79	Months
	Days		
Sex	Male	Color or Race	White -
Occupation	Farmer	Birth-place	Engel
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Miss Wholey
Father's Name			
Mother's Maiden Name			
Name of person giving information	H. L. Linnon		How related to deceased
			Nephew

CAUSES OF DEATH

Primary

To Cancer

How long

(45)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

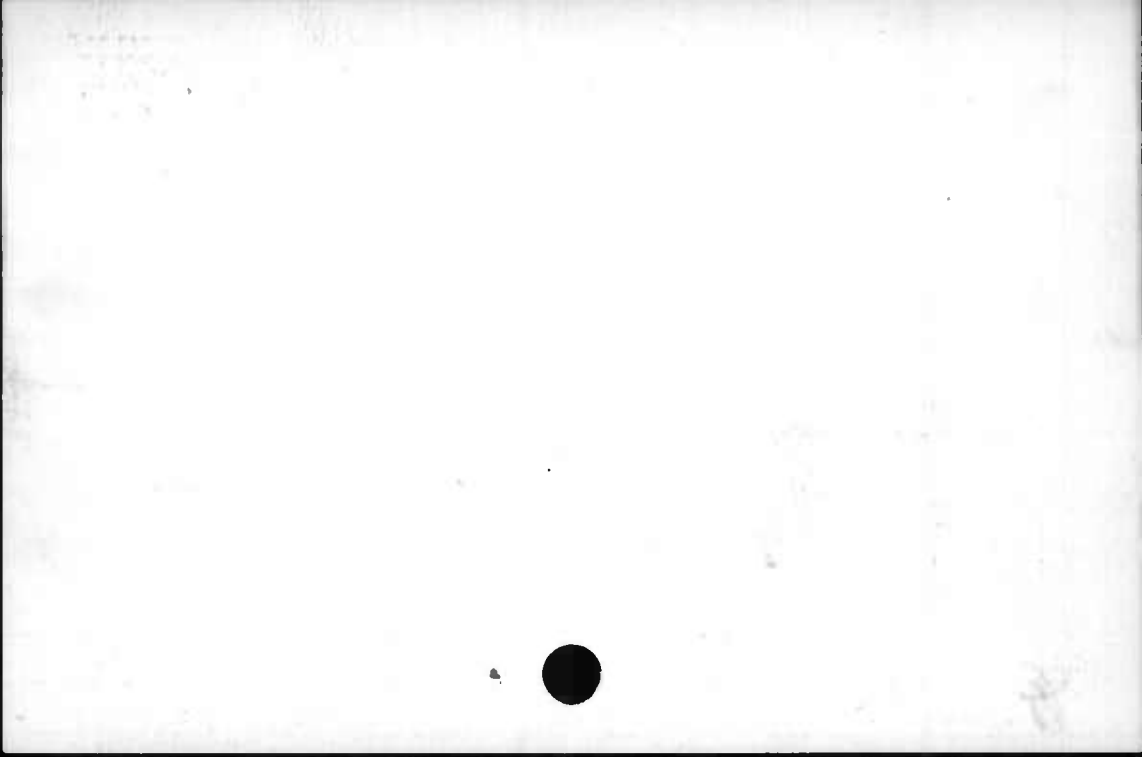
Signature of Physician

Address

Dr R P. Plevins
Bishopville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

Boy Higgin

MARYLAND

Died at *near Phillipsburg* TownCounty *Howard*Date of death *1906 Oct.* MonthDay *29th* Years *17*Months *3*Days *—*Sex *Male*Color or
Race *White*Birth-
place *Howard Co.*Occupation *Farming*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Joseph C. Higgin*Father's
Birthplace *Howard Co.*Mother's
Maiden Name *Lavinia Pryor*Mother's
Birthplace *Howard Co.*Name of person giving
In formation *George T. Richardson*How related
to deceased *—*

CAUSES OF DEATH

Primary

*Dysphoid fever*How long *3 weeks*

Immediate

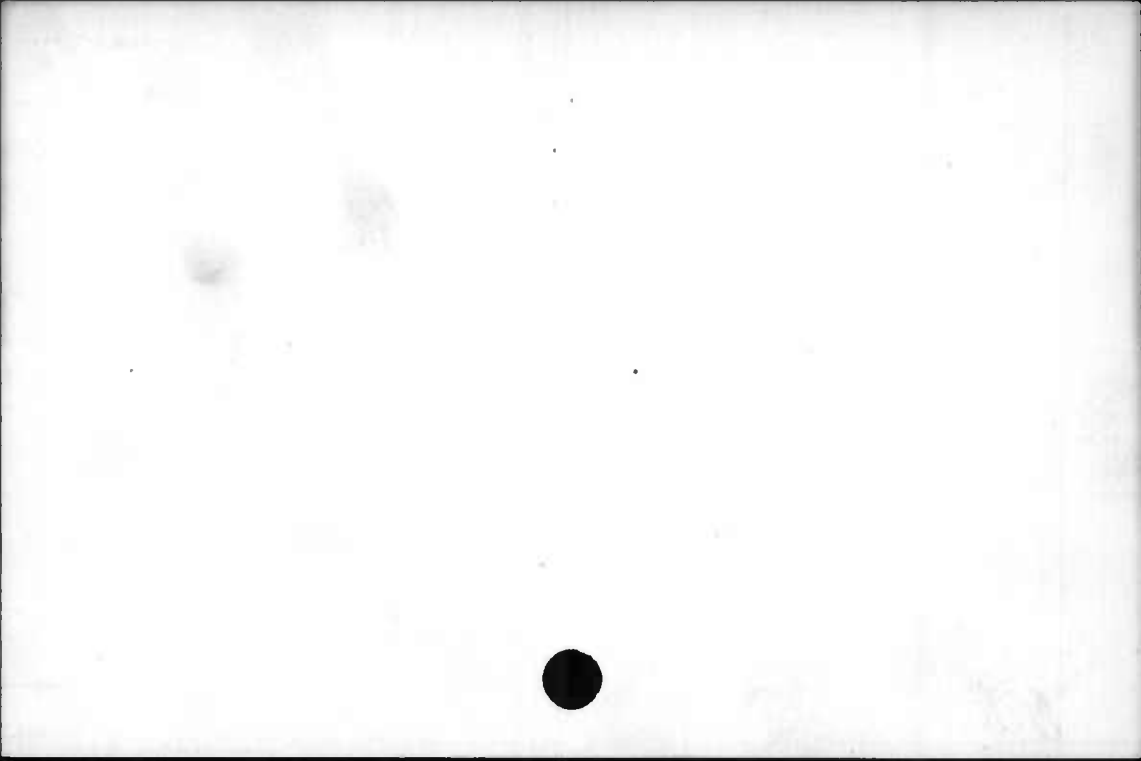
*Heart failure*How long *24 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician*Wm. H. Delotte M.D.*

Address

*Snow Hill
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Miss Eva Quark

Died at

Town

County

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

10

8

Age 44

Worcester

Spinner

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

14

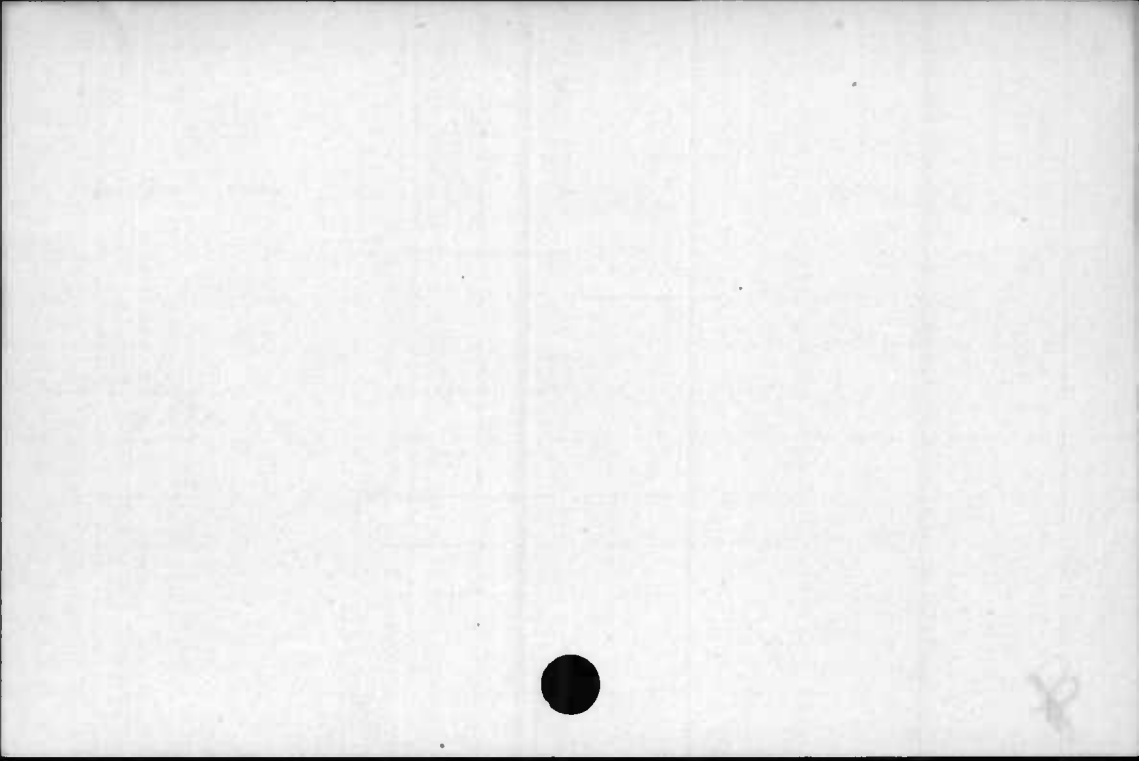
MARYLAND

Died at <i>Mary Showell</i> Town		<i>Worcester</i> County				
Date of death <i>1906</i>	Month <i>oct</i>	Day <i>7</i>	Age <i>53</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>House work</i>	Where Residing if not at place of death <i>At Home</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Peter Showell</i>					
Father's Name <i>Don't know</i>	Father's Birthplace					
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace					
Name of person giving information <i>Husband</i>	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sarcoma</i>	How long <i>Four years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. P. Collier</i>
<i>Yes</i>	Address <i>Bristow Md</i>
Accident or Suicide?	



Name
in
Full

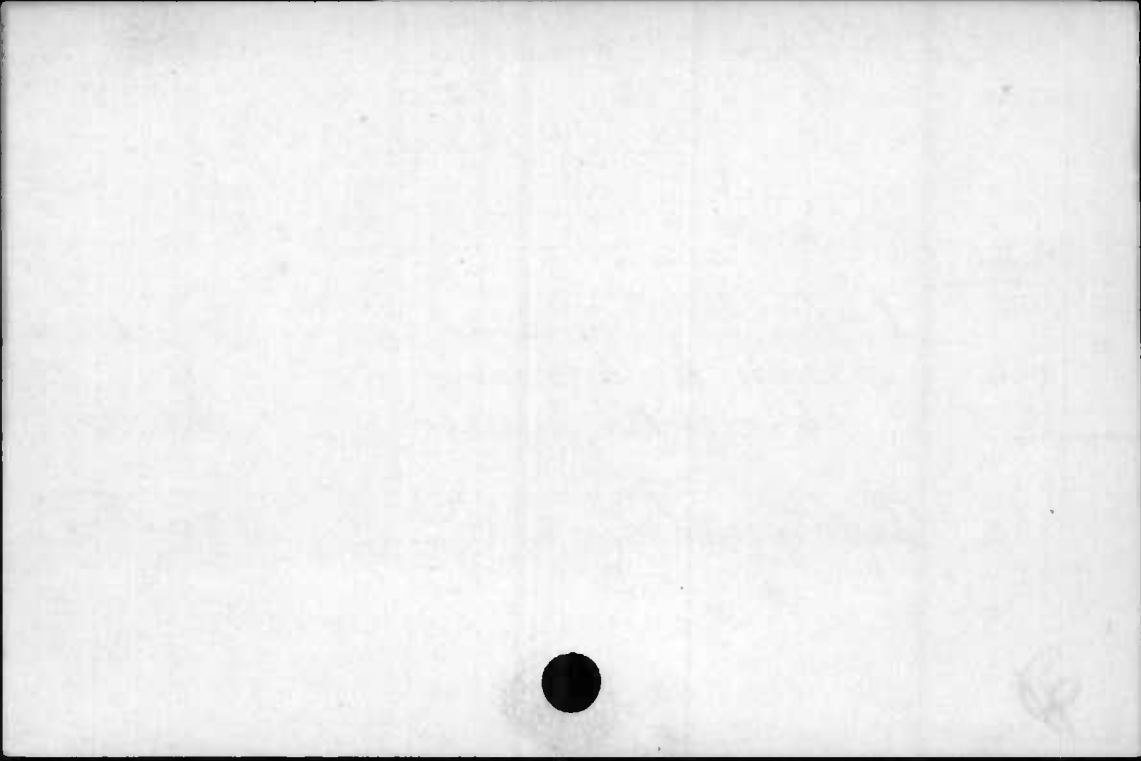
Caroline Smith

CERTIFICATE OF DEATH

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month Oct		Day 26		Years 46	
Sex Female		Color or Race colored		Birthplace Maryland		Months Days	
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Hm Smith					
Father's Name Littleton Duffields		Father's Birthplace Maryland					
Mother's Maiden Name Cornford Duffields		Mother's Birthplace Maryland					
Name of person giving information William Smith		How related to deceased Husband					

CAUSES OF DEATH

Primary	Gastritis	How long	6 months
Immediate	Acute nephritis	How long	4 days
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician John L. Riley	
		Address Snow Hill, Maryland	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Wesley Townsend

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERDied at *New West Office*County *Horchester*

MARYLAND

Date
of death *1906*Month *10*Day *28*

Age

Years *22*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Horchester County*

Occupation

*Farmer*Where Residing if not
at place of death*Horchester co*Married Single
or Widowed~~Name of Wife or
Husband~~Father's
Name*John T. Townsend*Father's
Birthplace*Horchester co*Mother's
Maiden Name*Sarah Richardson*Mother's
Birthplace*" "*Name of person giving
information*George Richardson*How related
to deceased*Neph*

CAUSES OF DEATH

Primary

Tuberculosis

How long

5 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*No doctor attended him
for one month*

Accident or Suicide?

Thos. Corbin
Babington

Name
in
Full

Mary Ann Williams

CERTIFICATE OF DEATH

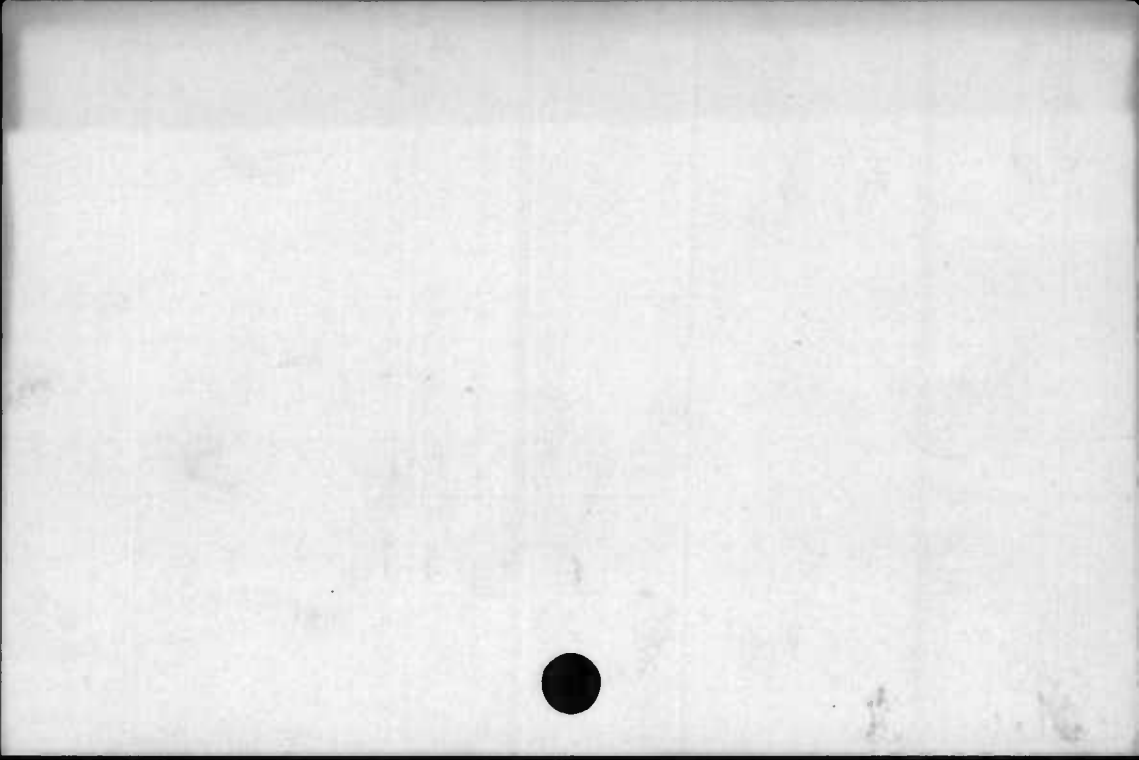
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bishopville</i> Town		<i>Horry</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>October</i>	Day <i>16</i>	Years <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>House work</i>	Where Residing if not at place of death <i>Near Bishopville</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Williams</i>				
Father's Name <i>James Lynch</i>	Father's Birthplace <i>Georgia</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace				
Name of person giving information <i>Eliza Law</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chorea</i>	How long <i>64</i>	How long <i>Two days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Coe</i>	
<i>Yes</i>	Address <i>Bishopville Maryland</i>	
Accident or Suicide?		



Name
in
Full

Easter Wase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Pocomoke City ^{County} WorcesterDate of death 1906 ^{Month} Oct ^{Day} 9 ^{Years} Age 80 ^{Months} ^{Days}Sex Female ^{Color or Race} Colored ^{Birth-place} Worcester coOccupation Domestic ^{Where Residing if not at place of death} 11 11Married, Single or Widowed Widowed ^{Name of Wife or Husband}Father's Name Esco Wase ^{Father's Birthplace} 11 11Mother's Maiden Name Ailsiey ^{Mother's Birthplace} 11 11Name of person giving information Wm Ballan ^{How related to deceased} Neighbor

CAUSES OF DEATH

Primary Indigestion & Neurasthenia ^{How long} 3 monthsImmediate Exhaustion ^{How long}Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Saml J Quinn^{Address} Pocomoke city, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

